## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                                             | ed below or directed ot                                | ng the Patent, advance of<br>herwise in Block 1, by (                                                                                                                               | orders and notification of<br>(a) specifying a new corn                                                                                                                                                                                                                                                                                                            | maintenance fees<br>espondence addres                                                                                                                                                                                                                                                         | will be m<br>ss; and/or                                                 | nailed to the current (b) indicating a sepa                                                                       | correspondence address as rate "FEE ADDRESS" for                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                           |                                                        |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                         |                                                                                                                   |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                        | 7590 12/22                                             | 2/2006                                                                                                                                                                              | 110                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| Patent Counsel<br>APPLIED MAT<br>P.O. Box 450A                                                                                                                                                                                                                                                                                                                         | ERIALS, INC.                                           |                                                                                                                                                                                     | I I<br>St<br>ad<br>tra                                                                                                                                                                                                                                                                                                                                             | nereby certify that<br>ates Postal Service<br>dressed to the Mansmitted to the US                                                                                                                                                                                                             | ertificate of<br>this Fee(s)<br>with suffi<br>all Stop 18<br>SPTO (5/1) | of Mailing or Transi<br>Transmittal is being<br>cient postage for firs<br>SSUE FEE address<br>273-2885, on the da | mission<br>is deposited with the United<br>t class mail in an envelope<br>above, or being facsimile<br>ate indicated below. |
| Santa Clara, CA                                                                                                                                                                                                                                                                                                                                                        | . 95052                                                |                                                                                                                                                                                     | S                                                                                                                                                                                                                                                                                                                                                                  | heri Griff                                                                                                                                                                                                                                                                                    | in l                                                                    | / .                                                                                                               | (Depositor's name)                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                                                                                                                                                     | Γ                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               | 7                                                                       | <del>O</del> ,                                                                                                    | (Signature)                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                         | 2/8/200                                                                                                           | (Date)                                                                                                                      |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | APPLICATION NO. FILING DATE                            |                                                                                                                                                                                     | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | ATTORNEY DOCKET NO.                                                     |                                                                                                                   | CONFIRMATION NO.                                                                                                            |
| 10/611,589                                                                                                                                                                                                                                                                                                                                                             | 10/611,589 06/30/2003                                  |                                                                                                                                                                                     | B. Michelle Chen AMA                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | AMAT/17                                                                 | Γ/1717.D2/CPES/DT/PJS 5241                                                                                        |                                                                                                                             |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                     | : METHOD AND APPA                                      | ARATUS FOR ANNEAL                                                                                                                                                                   | ING COPPER FILMS                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                           | ISSUE FEE DUE                                                                                                                                                                       | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                | PREV. PAID ISS                                                                                                                                                                                                                                                                                | UE FEE                                                                  | TOTAL FEE(S) DUE                                                                                                  | DATE DUE                                                                                                                    |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                     | \$1400                                                                                                                                                                              | \$300                                                                                                                                                                                                                                                                                                                                                              | \$0                                                                                                                                                                                                                                                                                           | ·                                                                       | \$1700                                                                                                            | 03/22/2007                                                                                                                  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                               |                                                        | ART UNIT                                                                                                                                                                            | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| WYSZOMIERSKI, GEORGE P 1742                                                                                                                                                                                                                                                                                                                                            |                                                        | 1742                                                                                                                                                                                | 148-518000                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                        |                                                                                                                                                                                     | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Patterson & Sheridan LL  2  3 |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                     | ND RESIDENCE DATA                                      | TO BE PRINTED ON                                                                                                                                                                    | THE PATENT (print or t                                                                                                                                                                                                                                                                                                                                             | /pe)                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                   | ·                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    | 1 /                                                                                                                                                                                                                                                                                           | nee is ider                                                             | ntified below, the do                                                                                             | cument has been filed for                                                                                                   |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                  |                                                        |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| Applied M                                                                                                                                                                                                                                                                                                                                                              | aterials, Inc                                          | •                                                                                                                                                                                   | Santa Cla                                                                                                                                                                                                                                                                                                                                                          | ra, CA                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                                                   |                                                                                                                             |
| Please check the appropri                                                                                                                                                                                                                                                                                                                                              | iate assignee category or                              | categories (will not be pr                                                                                                                                                          | rinted on the patent):                                                                                                                                                                                                                                                                                                                                             | Individual 🙀 🤇                                                                                                                                                                                                                                                                                | Corporation                                                             | or other private grou                                                                                             | up entity Government                                                                                                        |
| 4a. The following fee(s) a  Issue Fee Publication Fee (N                                                                                                                                                                                                                                                                                                               | are submitted:                                         | D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.                    |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| Advance Order - #                                                                                                                                                                                                                                                                                                                                                      | f of Copies 2                                          | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| 5. Change in Entity Stat                                                                                                                                                                                                                                                                                                                                               | tus (from status indicated                             | above)                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| * *                                                                                                                                                                                                                                                                                                                                                                    | s SMALL ENTITY statu                                   |                                                                                                                                                                                     | b. Applicant is no lor                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| NOTE: The Issue Fee and nterest as shown by the r                                                                                                                                                                                                                                                                                                                      | d Publication Fee (if reor<br>ecords of the United Sta | er Patent and Trademark                                                                                                                                                             | d from anyone other than Office.                                                                                                                                                                                                                                                                                                                                   | the applicant; a reg                                                                                                                                                                                                                                                                          | gistered atto                                                           | orney or agent; or the                                                                                            | assignee or other party in                                                                                                  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   | (XM                                                    | Muly                                                                                                                                                                                | , ————————————————————————————————————                                                                                                                                                                                                                                                                                                                             | Date 0                                                                                                                                                                                                                                                                                        | 2/0                                                                     | 8/200                                                                                                             | 7                                                                                                                           |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                  | Robert W. 1                                            | ·                                                                                                                                                                                   | Registration No.25,436                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                         |                                                                                                                   |                                                                                                                             |
| This collection of information application. Confident                                                                                                                                                                                                                                                                                                                  | ation is required by 37 C iality is governed by 35     | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary                                                                                                               | on is required to obtain or 1.14. This collection is es                                                                                                                                                                                                                                                                                                            | retain a benefit by<br>timated to take 12                                                                                                                                                                                                                                                     | the public                                                              | which is to file (and leading) complete, including                                                                | by the USPTO to process) gathering, preparing, and                                                                          |

submitting the completed application form to the USP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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